

Fig. 1

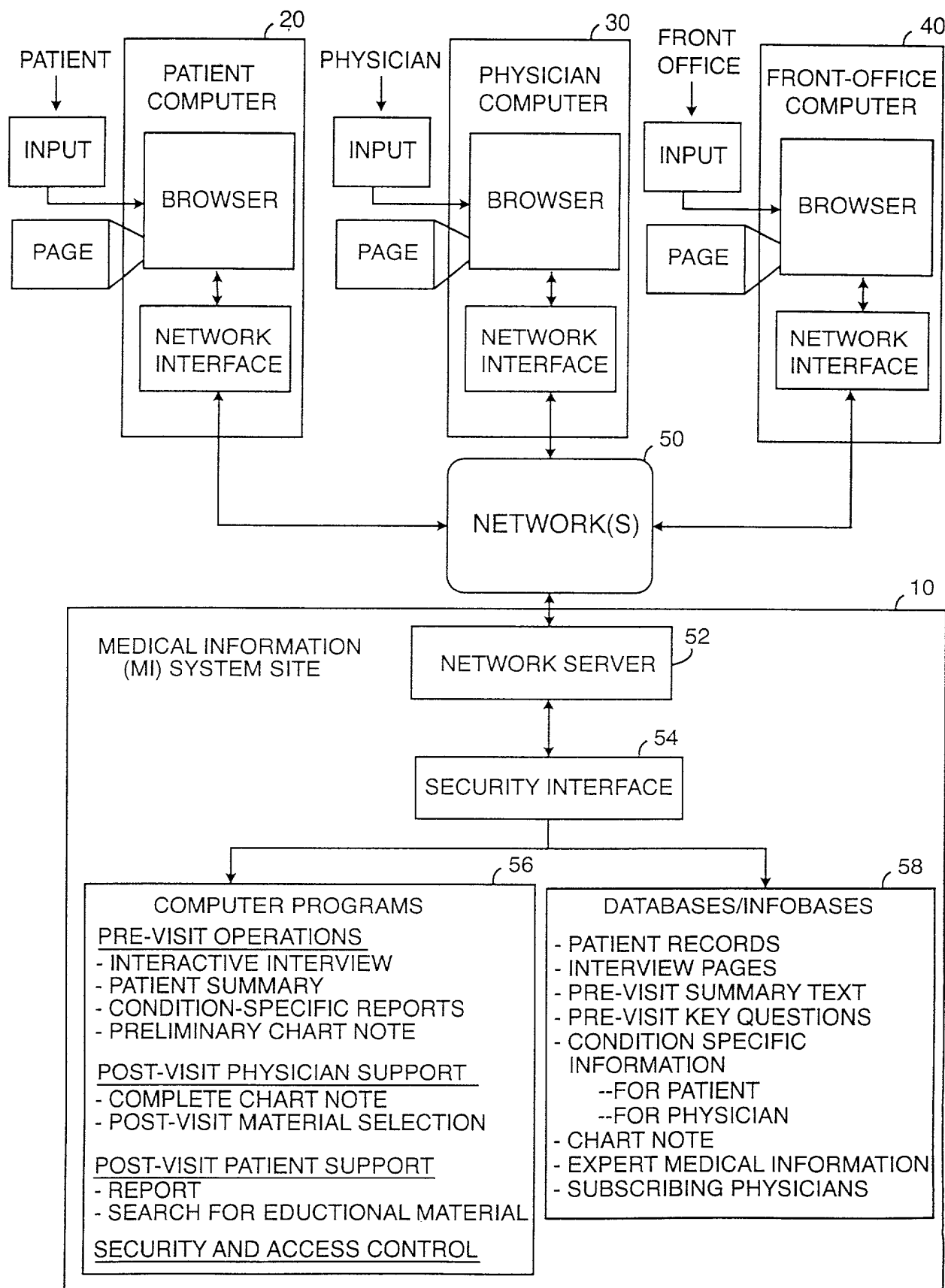




Fig 3

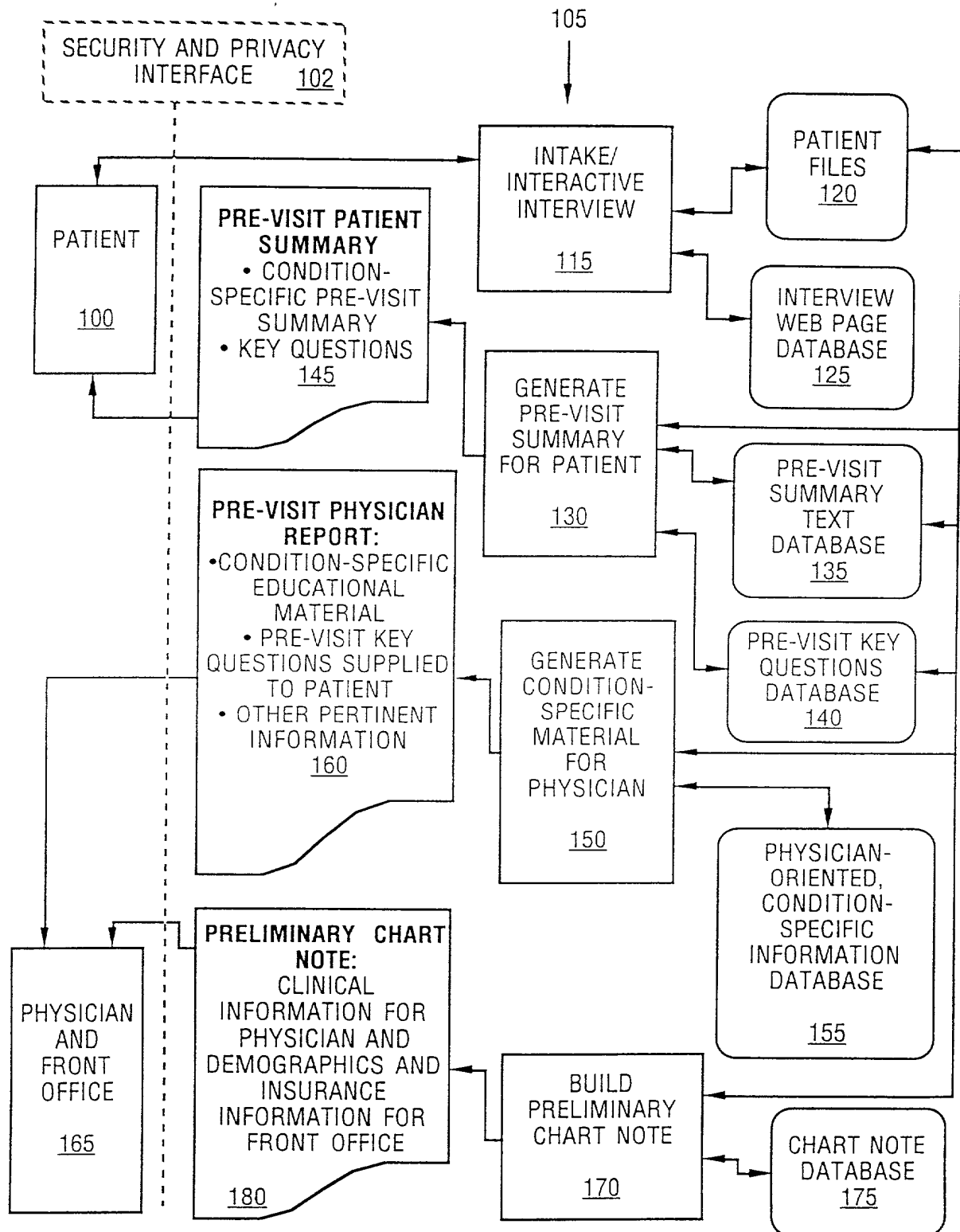


Fig. 4

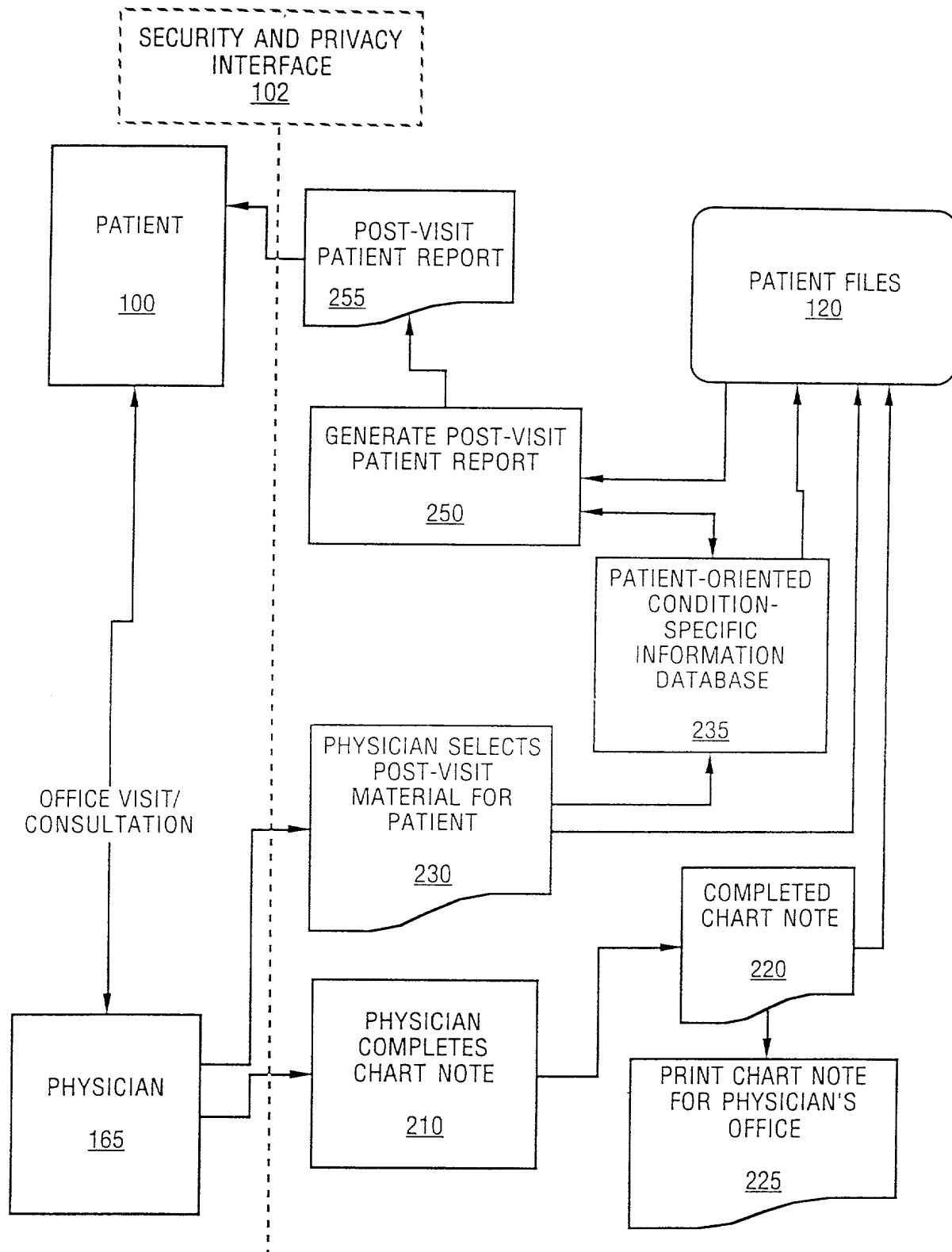


Fig. 5

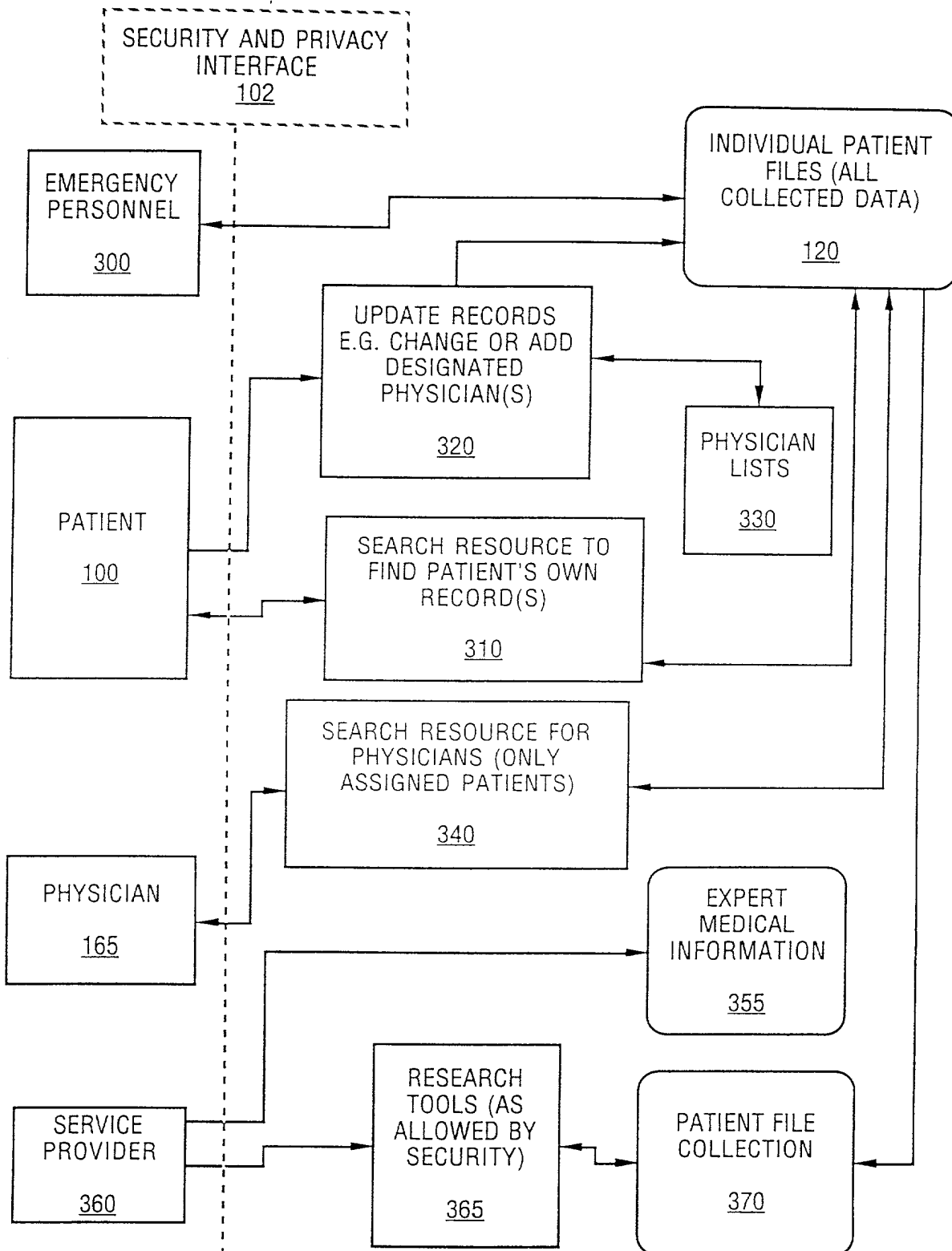
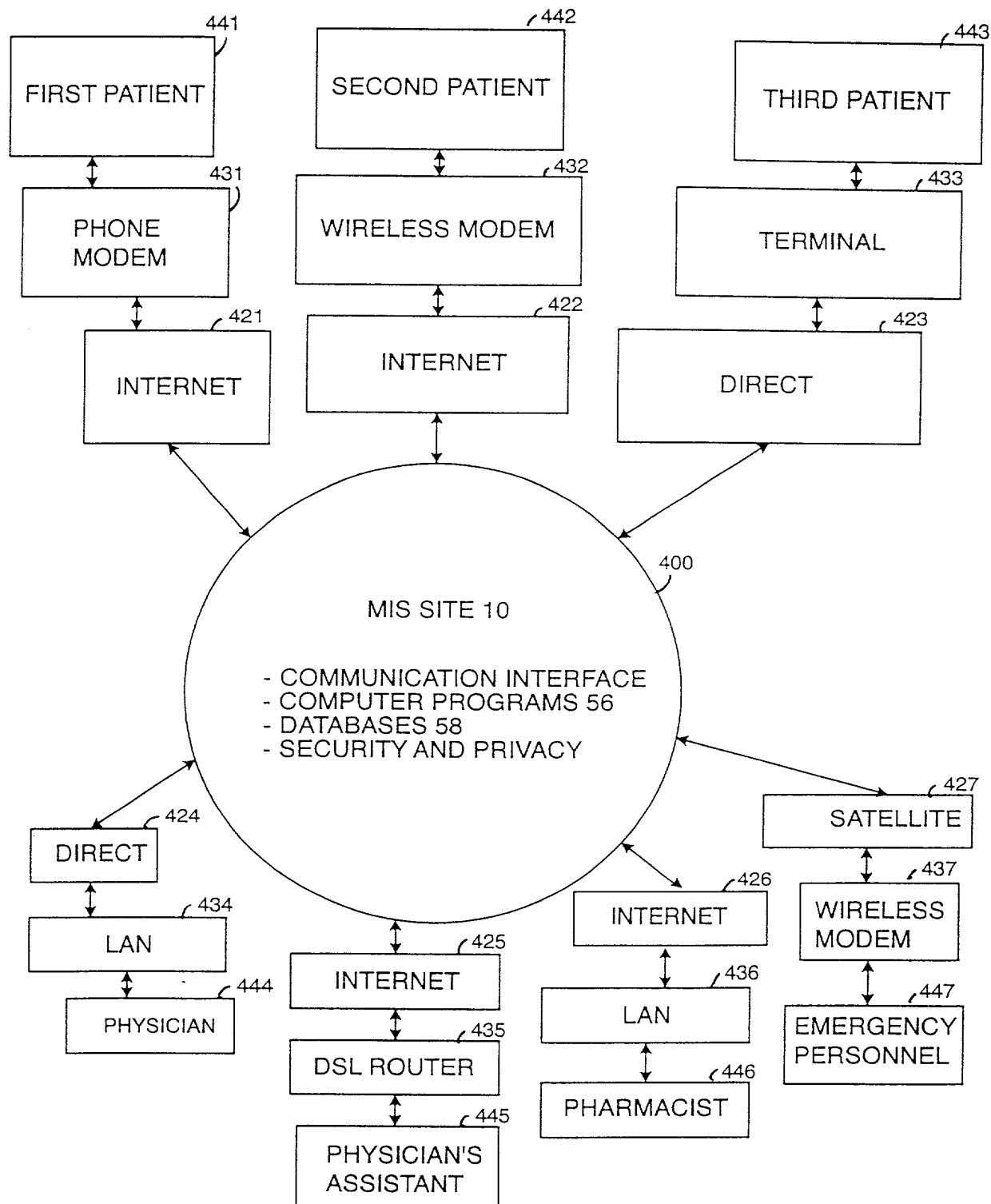


Fig. 6



**• Patient • Naxos Orthopedic Center**

Profile | Message Center | Medical Office

**Profile • Demographic****Patient:**  
**Mary Stuart****Demographic**  
**Insurance**  
**Health History**  
**Body Systems**  
**Health Status****Help**

This form allows you to enter personal demographic information needed by your doctor and the medical office.

**Personal Information**

Name

Mary Stuart

Short / Nick Name

Mary

Date of Birth

03/17/1940

Gender

☒ Female ☐ Male

Marital Status

☐ Single ☒ Married

SSN

111-11-1111

Handedness

☐ Left ☒ Right

Height

5 Feet 4 Inches

Weight

130 lbs.

Occupation

Artist

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8/46

Fig. 7B

Naxos Orthopedic Center - Patient | Profile | Demographic

**Contact Information**

Street

1565 Holyrood

Apartment Number

City

San Francisco

ZIP Code

94110

Home Phone

(415) 555-1212

Work Phone

(650) 555-1212

Primary Email Address

mstuart@zzz.com

Secondary Email Address

mstuart@abracadabra.com

**Responsible Party Contact Information**

Name

James Stuart

Street

1565 Linlithgow

Apartment Number

34

City

San Francisco

ZIP Code

94110

09654039-081001



9/46

Fig. 7C

Naxos Orthopedic Center - Patient | Profile | Demographic

Home Phone

(415) 555-4343

Work Phone

(650) 555-4534

**Emergency Contact Information**

Name

James Stuart

Relationship

☒ Spouse ☐ Parent ☐ Child ☐ Sibling ☐ Friend

Street

1565 Linlithgow

Apartment Number

34

City

San Francisco

ZIP Code

94110

Home Phone

(415) 555-4343

Work Phone

(650) 555-4534

**Submit**

Submit

Reset

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T00T90-65045850

**Clinical Interactions • Patient • Naxos Orthopedic Center**

Logoff | My Condition | Profile | Message Center | Medical Office

**Patient:**  
**Mary Stuart**  
**Demographic**  
**Insurance**  
**Health History**  
**Body Systems**  
**Health Status**  
**Help**

**Profile • Health History**

This is the first of two forms that collect information about your current and past health in a standard format exactly as if you were in your doctors's office. This form focuses on your past medical history. The next form reviews your body systems such as head, heart and lungs.

**Allergies**

- Do you have any known drug or environmental allergies?

☒ Yes ☐ No

If you answered no you can go directly to the [Medical Conditions](#) section.

- Are you allergic to any of the following:

- ☒ Penicillin
- ☐ Sulfa
- ☐ Any other antibiotics
- ☐ Aspirin
- ☐ Any other anti-inflammatory medicines
- ☐ Any pain medications
- ☐ Diuretics (water pills)
- ☐ Shellfish
- ☐ Nuts
- ☐ Any other foods
- ☐ Bee stings
- ☐ Dust
- ☒ Pollen or other hay fever
- ☐ Any other environmental allergies

- If you have any other drug or environmental allergies enter their names below:

First allergy  
 Second allergy  
 Third allergy

**Medical Conditions**

- Do you have now or have you ever had any of the following conditions?

☒ Hypertension (high blood pressure)

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- ☐ Angina
- ☐ Heart disease
- ☐ Heart attack
- ☐ Stroke
- ☐ Diabetes
- ☐ Pneumonia
- ☐ Asthma
- ☐ COPD (chronic bronchitis or emphysema)
- ☐ Bleeding disorder
- ☐ Peptic ulcers (stomach or duodenal ulcer)
- ☐ Kidney disease
- ☐ Hepatitis
- ☐ HIV
- ☐ Cancer
- ☒ Arthritis
- ☒ Thyroid disease
- ☐ None of the above and no other medical problems

- If you have any medical conditions not listed above enter their names below

	First condition
	Second condition
	Third condition

#### Current Medications

- Do you take any of the following general types of medications?

- ☒ Blood pressure medication
- ☐ Heart medication
- ☐ Heart disease
- ☐ Aspirin
- ☐ Blood thinner such as coumadin
- ☒ Arthritis medication
- ☐ Antibiotic
- ☐ Inhalers
- ☐ Ulcer medication
- ☐ Hormone
- ☐ Osteoporosis medication
- ☐ Prednisone or other steroid medication
- ☒ Thyroid medication
- ☐ Pain medication
- ☐ Anti-depressant medication

- ☐ Multivitamins  
☐ Any other supplements  
☐ Any other over-the-counter medications  
☐ No medication

• Enter the actual medications that you take below. Copy the name accurately from the medication bottle or your medication list including the dose and frequency.

Cardizem SR 120 mg po	First medication
Motrin 600 mg 3 times a day	Second medication
Synthroid 0.15 mcg once daily	Third medication
	Fourth medication
	Fifth medication

#### Surgical Procedures

• Have you ever had any of the following surgical procedures? You should also enter the age you were at the time of the procedure.

Surgical procedure	Age in years
<input type="checkbox"/> Appendectomy	
<input type="checkbox"/> Gall bladder surgery	
<input type="checkbox"/> Hernia repair	
<input checked="" type="checkbox"/> Tonsillectomy	10
<input type="checkbox"/> Heart surgery	
<input type="checkbox"/> Joint replacement surgery	
<input type="checkbox"/> Spine surgery	
<input type="checkbox"/> Any upper-extremity surgery (shoulder, arm, elbow, wrist, or hand)	
<input type="checkbox"/> Any lower-extremity surgery (hip, leg, ankle, or foot)	
<input checked="" type="checkbox"/> Breast biopsy	45
<input type="checkbox"/> Hysterectomy	
<input type="checkbox"/> Prostate surgery	
<input type="checkbox"/> No surgical procedures	

• If you have any surgical procedures not listed above enter their names below

Other surgical procedures	Age in years


**OB GYN For Adult Women**

- How many children have you had?

3 children

- Have you ever had a C-section?

☐ Yes ☒ No

**Family History**

- Have any of your family members (blood relatives, living or deceased) ever had any of the following conditions? You should also select the relationship.

- ☒ Heart disease
- ☒ Hypertension
- ☐ Stroke
- ☐ Diabetes
- ☐ Thyroid disorder
- ☒ Cancer
- ☐ Tuberculosis
- ☐ Hepatitis
- ☐ Alzheimer's disease
- ☐ Bleeding disorders
- ☐ No diseases in the family
- ☐ Don't know family history

- If there are other diseases or conditions that run in your family enter their names below and the relationship to you of the person that had the disease or condition.

**Other family condition Relationship to you**

	▼
	▼
	▼
	▼

**Social History**

- What is your marital status?

( ) Single ( ) Married

- Which of the following best describes your living situation?
  - ☐ I live alone
  - ☒ I live with my family
  - ☐ I live with friends
  - ☐ I live in a structured setting with help (such as board and care, retirement home, care facility)
- What is your smoking history?
  - ☒ I have never smoked
  - ☐ I used to smoke
  - ☐ I currently smoke  pack(s) a day for  year(s).
- What is your alcohol intake?
  - ☒ I do not drink alcohol
  - ☐ I drink every day
  - ☐ I drink once a week
  - ☐ I drink once a month

**Submit**

**Clinical Interactions • Patient • Naxos Orthopedic Center**

Logoff | My Condition | Profile | Message Center | Medical Office

**Patient:**  
**Mary Stuart****Demographic**  
**Insurance**  
**Health History**  
**Body Systems**  
**Health Status****Help****Profile • Body Systems**

This is the second of two forms that collect information about your current and past health in a standard format exactly as if you were in your doctor's office. This form reviews your body systems such as head, heart and lungs. The previous form focuses on your past medical history.

**Skin**

- Do you have any of the following?

- ☐ Rash
- ☐ New skin spots
- ☐ Skin infections
- ☐ Change in any moles
- ☐ Non-healing sores
- ☐ Itching

**Head And Nervous System**

- Do you have any of the following?

- ☐ Recent severe headaches
- ☐ Head trauma
- ☐ Blackouts / fainting spells
- ☐ Convulsions /seizure
- ☒ Dizziness
- ☐ Numbness in arms or legs
- ☐ Weakness in arms or legs
- ☐ Coordination problems of arms or legs
- ☐ Difficulty with speech
- ☐ Memory loss
- ☒ Difficulty sleeping

**Eyes, Ears, Nose And Throat**

- Do you have any of the following?

- ☐ Blurred vision
- ☐ Double vision
- ☐ Hoarseness
- ☐ Nose bleeds
- ☐ Sinus pain

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- ☐ Hearing loss
- ☐ Ringing in the ears or tinnitus
- ☐ Ear infections
- ☐ Ear pain
- ☐ Ear drainage
- ☐ Facial pain
- ☐ Facial paralysis
- ☐ Sore throat
- ☐ Snoring
- ☐ Difficulty swallowing
- ☐ Jaw pain (TMJ pain)
- ☐ Tooth pain, infected teeth
- ☐ Non - healing sores in mouth
- ☐ Swollen lymph nodes
- ☐ New lumps

#### Heart, Lungs And Circulation

- Do you have any of the following?
  - ☐ Shortness of breath with exercise
  - ☐ Shortness of breath at rest
  - ☐ Wheezing
  - ☐ Frequent or persistent cough
  - ☐ Coughing up green sputum
  - ☐ Coughing up blood
  - ☐ Swollen legs
  - ☐ Chest pain
  - ☐ Palpitations or racing of heart beat
  - ☐ Poor circulation

#### Gastrointestinal

- Do you have any of the following?
  - ☒ Indigestion / heartburn
  - ☐ Abdominal pain
  - ☐ Cramps
  - ☐ Nausea
  - ☐ Vomiting
  - ☐ Diarrhea
  - ☐ Change in bowel habits
  - ☐ Bloody or black bowel movements
  - ☐ Jaundice / yellow skin



**Kidney and Bladder**

- Do you have any of the following?
  - ☐ Pain or burning with urination
  - ☐ Loss of bladder control
  - ☐ Urinary retention / inability to void
  - ☒ Need to urinate more than once at night
  - ☐ Blood in urine

**Hematopoetic**

- Do you have any of the following?
  - ☐ Excessive bleeding when cut
  - ☐ Excessive or easy bruising
  - ☐ Swollen glands in armpits, groin, or neck

**Musculoskeletal**

- Do you have any of the following?
  - ☒ Joint pain
  - ☒ Joint swelling
  - ☐ Joint instability
  - ☐ Back pain
  - ☐ Neck pain
  - ☐ Muscle pains
  - ☒ Bone pain

**General Symptoms**

- Do you have any of the following?
  - ☐ Easily or chronically fatigued
  - ☐ Unexplained weight loss
  - ☐ Night sweats
  - ☐ Fever
  - ☐ Depression
  - ☐ Anxiety

**Submit**SubmitReset

**Clinical Interactions • Patient • Naxos Orthopedic Center**Logoff | *My Condition* | Profile | Message Center | Medical Office

**Patient:**  
**James Stuart**  
**Next Visit**  
**Hip Pain**  
**- Asthma**  
**Summary**  
**Education**  
**Help**

**My Condition • Asthma Interview**

This form collects information about your asthma condition. Your physician uses this information to prepare for your visit. You can then collaborate during your visit to get the best possible medical outcome for your asthma condition.

**Onset, Duration And Frequency**

- How long have you had asthma?

days  
 weeks  
 months  
 years

- How old were you when you were diagnosed with asthma?

years old

**Symptoms**

- Do you have any of the following symptoms?

☐ Shortness of breath at rest during the day  
☐ Shortness of breath at night  
☐ Shortness of breath with exercise  
☐ Wheezing  
☐ Chronic cough  
☐ Cough after exercise  
☐ None of the above

- If you suffer shortness of breath at rest during the day, how often?

☐ Daily  
☐ More than 3 times weekly  
☐ At least once a week  
☐ Occasionally

- If you suffer shortness of breath at night, how often?

☐ Daily  
☐ More than 3 times weekly

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☐ At least once a week

☐ Occasionally

- If you suffer shortness of breath with exercise, how often?

☐ Daily

☐ More than 3 times weekly

☐ At least once a week

☐ Occasionally

- Does your asthma wake you up at night from a sound sleep?

☐ Yes ☐ No

- Which of the following activities would cause you to get short of breath or feel your asthma?

☐ Going up two flights of stairs

☐ Walking one mile

☐ Walking two city blocks

☐ Swimming 100 yards

☐ Running or jogging one mile

☐ Riding a bike or exercise bike for ten minutes

- If there are other activities that trigger your asthma enter their names below:

First activity

Second activity

### Associated Conditions

- In addition to your asthma do you have or have you ever had any of the following conditions?

☐ Chronic bronchitis

☐ Emphyzema

☐ Pneumonia

☐ Sinusitis

☐ Nasal polyps

☐ Aspirin allergy

☐ Any other allergies including hay fever and environmental

☐ None of the above

### Previous Diagnostic Studies

- Which of the following diagnostic tests have you had for your asthma?

- ☐ Chest X-Ray
- ☐ Pulmonary function tests
- ☐ Skin tests
- ☐ Blood tests

**Previous Non-Operative Care for This Condition**

- Which of the following treatments have you had in the past for your asthma?

- ☐ Over the counter inhalers (such as Primatene mist)
- ☐ Prescribed bronchodilator inhalers
- ☐ Prescribed steroid inhalers
- ☐ Prescribed oral steroid medication such as prednisone
- ☐ Any other prescribed oral asthma medications (such as theophylline)
- ☐ Home nebulizer treatments
- ☐ Allergy shots
- ☐ Allergy medications
- ☐ Other therapy not listed above

- If you have had other therapies not listed above, enter their names below:

First therapy  
 Second therapy

**Current Treatment**

- Which of the following treatments are you having now for your asthma?

- ☐ Over the counter inhalers (such as Primatene mist)
- ☐ Prescribed bronchodilator inhalers
- ☐ Prescribed steroid inhalers
- ☐ Prescribed oral steroid medication such as prednisone
- ☐ Any other prescribed oral asthma medications (such as theophylline)
- ☐ Home nebulizer treatments
- ☐ Allergy shots
- ☐ Allergy medications
- ☐ Other therapy not listed above

- If you have are now having other therapies not listed above, enter their names below:

First therapy  
 Second therapy

**Other Questions**

- Do colds or upper respiratory infections last longer than in others, or produce a bad cough?

☐ Yes ☐ No

- How often have you been treated in the emergency room for your asthma?

- ☐ Never  
☐ Once  
☐ Twice  
☐ Three times  
☐ Four times  
☐ Five times  
☐ Six to ten times  
☐ More than ten times

- Have you needed to be treated for your asthma in the emergency room during the last year?

☐ Yes ☐ No

- If you have been treated for your asthma in the emergency room during the last year, how many times?

times

- Have you ever been hospitalized for your asthma?

☐ Yes ☐ No

- If you have ever been hospitalized for your asthma, how many times?

times

- Have you been hospitalized for your asthma in the last year?

☐ Yes ☐ No

**Submit**

**Submit**

**Reset**

## Clinical Interactions • Registration • Naxos Orthopedic Center

Logoff | Registration

Patient:  
Mary Stuart  
Start  
Help

### Registration • Help

The purpose of the Registration section of the website is to allow you to provide baseline medical and administrative information that will simplify future visits to your doctor. You would usually provide much of this information while sitting in the waiting room before an office visit. Among the many benefits of providing the data online are that it will be easier for you to amend it in future and for your doctor to access it.

You complete the registration process by filling out the following questionnaires:

1. **Demographic** - routine demographic information
2. **Insurance** - details of your insurance coverage
3. **Health History** - covers health problems you have had in the past
4. **Body Systems** - covers medical problems in various parts of your body
5. **Health Status** - covers your current health status

You will be guided through these questionnaires in sequence and will have an opportunity to make corrections once you have completed the process. You begin the registration process by pressing Start in the menu bar on the left of the page. You continue by pressing the Next link in the menu bar on the left of each page. You can also go back to review and amend your responses by pressing the Previous link in the menu bar on the left of the page.

Once you complete the registration process you will be taken to the My Condition section of the website where you will be able to complete condition-specific questionnaires that will help your doctor provide you with appropriate information during and after your next office visit.

You will not need to complete these questionnaires each time you visit the site although you will be reminded to enter changes in your demographic and insurance information. Once a year you will be asked to complete a Health Status survey and verify that there are no changes in your Health History and Body Systems. These questionnaires are located in the Profile section of the website.

**Clinical Interactions • Patient • Naxos Orthopedic Center****Logoff | My Condition | Profile | Message Center | Medical Office****Profile • Help****Patient:  
Mary Stuart****Demographic  
Insurance  
Health History  
Body Systems  
Health Status  
Help**

The purpose of the Profile section of the website is to allow you to view and edit information you have provided in the past to the Clinical Interactions website.

You should periodically review and amend the information contained in the following pages:

- Demographic - routine demographic information
- Insurance - details of your insurance coverage

You will be prompted annually to review and amend the information contained in the following pages:

- Health History - covers health problems you have had in the past
- Body Systems - covers medical problems in various parts of your body

You should amend the Current Medications section of the Health History page whenever you change your medication regime.

You will be prompted annually to complete the following survey:

- Health Status - covers your current health status

The Health Status page contains a summary of the data you provide and not the actual responses you made.

You will find these links placed in order on the menu bar on the left of every page.

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**Clinical Interactions • Office • Naxos Orthopedic Center**Logoff | Patient | *Physician* | System

User:  
 Ian Curtis  
 New  
 List  
*Roster*  
 Help

**Physician • Roster • Wednesday, April 23, 2000**

This page contains the daily roster of patients for the Naxos Orthopedic Center. You can view the roster for another date using the roster [calendar](#).

**Aristophanes, Lydia**

Time	Patient	Problem	Location	Edit
9.00	Stuart, James	Knee pain	Naxos	
9.30	Hume, David	Hip pain	Naxos	
10.00	Smith, Adam	Knee pain	Naxos	
10.30	Simpson, James	Impingement	Naxos	
11.00	Muir, John	Knee pain	Naxos	

**Euripides, Alexander**

Time	Patient	Problem	Location	Edit
9.00	Mulligan, Buck	Knee pain	Corinth	
9.30	Dedalus, Stephen	Hip pain	Corinth	
10.00	Bloom, Leopold	Knee pain	Corinth	
10.30	Boylan, Blazes	Impingement	Corinth	
11.00	Macdowall, Gerty	Knee pain	Corinth	

**Sophocles, George**

Time	Patient	Problem	Location	Edit
9.00	Smith, Winston	Knee pain	Naxos	
9.30	Bowling, George	Hip pain	Naxos	
10.00	Comstock, Gordon	Knee pain	Naxos	
10.30	Hare, Dorothy	Impingement	Naxos	
11.00	Flory, James	Knee pain	Naxos	

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**Clinical Interactions • Office • Naxos Orthopedic Center**Logoff | Patient | *Physician* | System**User:**  
**Ian Curtis****New**  
**List**  
**Roster****Help****Physician • List**

This page contains a list of all the physicians affiliated with the Naxos Orthopedic Center. You can view physician lists ordered by:

- [Name](#)
- [Location](#)
- [Specialty](#)

**Physician List Ordered By Name**

Physician	Specialty	Location	Telephone
Aristophanes, Lydia	Orthopedic surgery	Naxos	555 3312
Euripides, Alexander	Orthopedic surgery	Ithaca	555 8816
Sophocles, George	Orthopedic surgery	Naxos	555 3317

**Physician List Ordered By Location**

Physician	Specialty	Location	Telephone
Euripides, Alexander	Orthopedic surgery	Ithaca	555 8816
Aristophanes, Lydia	Orthopedic surgery	Naxos	555 3312
Sophocles, George	Orthopedic surgery	Naxos	555 3317

**Physician List Ordered By Specialty**

Physician	Specialty	Location	Telephone
Aristophanes, Lydia	Orthopedic surgery	Naxos	555 3312
Euripides, Alexander	Orthopedic surgery	Ithaca	555 8816
Sophocles, George	Orthopedic surgery	Naxos	555 3317

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**Clinical Interactions • Office • Naxos Orthopedic Center**Logoff | Patient | *Physician* | System**User:****Ian Curtis****New****List****Roster****Help****Physician • New**

This page allows you to authorize one of your physicians to access the Clinical Interactions website.

Once you complete and submit the form you should ask the physician to do the following to complete the registration process:

1. Go to [www.ClinicalInteractions.com](http://www.ClinicalInteractions.com)
2. Register using the unique validation code: **PLU43M**
3. Verify that the the profile is correct.

**Personal Information**

Name

First: Last: 

Street

 1254 Naxos

City

 San Francisco

ZIP Code

 94112

Phone

 (415) 555-3300

Fax

 (415) 555-3398**Board Certifications** Orthopedic Surgery  

09654039-081001

Fig. 15B

**Hospital Affiliations**


**Health Plan Affiliations**


**Submit**

**Submit**

**Reset**

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**Clinical Interactions • Patient • Naxos Orthopedic Center**

**Logoff | *My Condition* | Profile | Message Center | Medical Office**

**Patient:**  
**Mary Stuart**

**Next Visit**

**Hip Pain**

**Summary**  
**Education**

**Help**

**My Condition • Summary**

This information is to help you prepare for your visit to the doctor. You have filled out all the paper work needed for the visit and you will not need to fill any more out, as the office will receive all this information. Your doctor will have all your history and medications, which should help the visit go smoothly.

Your information is stored securely and is seen only by your doctor and the office staff as necessary for your care. The security and privacy of your health information is important to you and us as explained during your initial registration.

Please remember that the information is not designed as treatment advice for you, it is designed to improve your office visit and understanding of the problem. After the summary you will see several questions that it seems reasonable to go over with your doctor.

**Problem**

**Patient:** Stuart, Mary  
**Visit Date:** April 23, 2000

**Problem:** Hip Pain

**Personal Summary**

You will be seen in the office for hip pain. The questionnaire you have completed will be very helpful to your doctor. Your responses have provided some basic information regarding your hip symptoms and medical history. More specific questions about your hip pain will be asked during your visit. Your hip will be examined and x-rays may be obtained. Your doctor will discuss whether any further tests will be needed to confirm the diagnosis. Your doctor will then discuss an appropriate treatment plan based on the specific cause of your hip pain.

At your age, hip pain may have many different causes. The pain may be originating from the hip joint or from the soft tissues surrounding the hip such as capsule, ligaments, tendons, and muscles. Sometimes, the sensation of hip pain is referred from the nerve, joints, or muscles of the lower back. Your doctor will help you to differentiate the cause of the pain and select an appropriate course of treatment.

For your examination, you may be asked to change into an exam gown. It is important that your doctor be able to examine the hip front and back. You may need x-ray studies. For women, please alert your doctor if there is a chance you may be pregnant. If you have had hip or back x-rays or other

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studies such as an MRI in the last six months, please have them sent to the doctor's office in advance of the appointment or hand carry the films at the time of your visit.

### Questions For The Doctor

The following questions seem reasonable to ask your doctor about your hip pain. The answers will help you understand your exact problem and treatment.

1. Is my hip pain coming from arthritis in the hip?
2. Is my hip pain coming from something other than my hip joint?
3. Do I need any further studies such as an x-ray, blood work, or MRI scan?
4. Are there exercises I should do?
5. Are there things I am doing that aggravate my hip condition and that I should change?

**Clinical Interactions • Physician • Naxos Orthopedic Center**Logoff | *Patient* | Roster | Message Center**Physician:**  
**Euripides****Patient • MD Education****Patient**  
**Search**  
**Chief Complaint**  
**Chart Note**  
**Problem List**

The purpose of the MD Education page is to contain links to physician-oriented, peer-reviewed educational material specific to the needs of the current patient.

**MD Education**  
**Patient Education****Patient****Help****Name:** Stuart, Mary  
**Date:** April 23, 2000**Problem:** Hip Pain**Information:** Hip Pain - Middle Age Adult**Questions For The Physician**

These questions have been given to the patient before the visit in an effort to focus the visit. As the patient is being seen for a symptom "hip pain", the questions are quite general, and may not be as important once you make a diagnosis.

1. Is my hip pain coming from arthritis in the hip?

In this age group, hip pain is often due to hip arthritis, but there are a significant number of patients with low back pain and other problems causing pain perceived by the patient as hip pain. The more the hip pain is felt in the groin or anterior thigh and is accompanied by a loss of range of motion, the more likely the pain is coming from the hip joint. Pain felt in the buttock and lateral hip or thigh region is somewhat less likely to be hip joint in origin and could be from other causes such as lumbar spine problems. Patients will often be surprised that what they feel as hip pain is really a back problem.

2. Is my hip pain coming from something other than my hip joint?

There is significant overlap in symptoms and making the diagnosis is sometimes difficult. Groin, anterior thigh pain and loss of hip motion along with x-ray changes are quite supportive of the hip being the problem. Buttock, lateral hip pain, neurological symptoms, and x-ray changes in the back are more suggestive of back problems. Often people have contributions from both.

3. Do I need any further studies such as an x-ray, blood work, or MRI scan?

This question prepares the patient for the possibility of a study being ordered. In this age group, plain x-rays of the hip are the most

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common study needed to confirm or reject a suspicion of hip arthritis. Lumbar spine films may also be an early study with any suspicion of lumbar pathology. Depending on complains and suspicions of any other pathology, blood work, bone scans, hip aspiration, or MRI scan may all be needed. Please see work-up algorithm for hip pain.

4. Are there exercises I should do?

For most hip problems and other problems causing pain about the hip there are exercises that should help. The set of exercises that may help will be clearer when the diagnosis is made. In addition, some form of aerobic exercise can be accomplished by nearly everyone with hip problems and should be encouraged. The exact type will also depend on the actual diagnosis.

5. Are there things I am doing that aggravate my hip condition and that I should change?

This question is intended to help you address any activities that the patient is doing that seem detrimental to the hip joint such as high-impact sports or training. It gives the opportunity to suggest alternative aerobic activities such as swimming and exercise bike, which are often well tolerated by people with hip problems.

### Pre-Visit Summary

You will be seen in the office for hip pain. The questionnaire you have completed will be very helpful to your doctor. Your responses have provided some basic information regarding your hip symptoms and medical history. More specific questions about your hip pain will be asked during your visit. Your hip will be examined and x-rays may be obtained. Your doctor will discuss whether any further tests will be needed to confirm the diagnosis. Your doctor will then discuss an appropriate treatment plan based on the specific cause of your hip pain.

At your age, hip pain may have many different causes. The pain may be originating from the hip joint or from the soft tissues surrounding the hip such as capsule, ligaments, tendons, and muscles. Sometimes, the sensation of hip pain is referred from the nerve, joints, or muscles of the lower back. Your doctor will help you to differentiate the cause of the pain and select an appropriate course of treatment.

For your examination, you may be asked to change into an exam gown. It is important that your doctor be able to examine the hip front and back. You may need x-ray studies. For women, please alert your doctor if there is a chance you may be pregnant. If you have had hip or back x-rays or other studies such as an MRI in the last six months, please have them sent to the doctor's office in advance of the appointment or hand carry the films at the time of your visit.

### Differential Diagnoses

1. True Hip Joint Sources

- a. Arthritis
  - i. Osteoarthritis
  - ii. Inflammatory arthritis
  - iii. Septic arthritis
  - iv. Post-traumatic arthritis
  - v. Others
- b. Avascular necrosis
- c. Stress or insufficiency fracture
- d. Trauma
- e. Synovitis
  - i. Gout
  - ii. Pseudo-gout
  - iii. Injury / repetitive-stress induced synovitis
- 2. Periarticular Sources
  - a. Tendonitis
  - b. Muscle or tendon strains (usually adductor tendon)
  - c. Trochanteric bursitis (often secondary to back problems)
  - d. Psoas tendon or muscle pain
    - i. Bleed (Especially if on anti-coagulants)
    - ii. Abscess
  - e. Tumor
- 3. Low Back Sources
  - a. Lumbar disc disease
  - b. Lumbar degenerative disease (facet arthritis, etc)
  - c. Spinal stenosis
  - d. Spondylolithesis
  - e. Infection
  - f. Tumor

### Work Up Algorithm

- Trauma?
  - Yes - Plain x-ray
    - Positive for fracture - Treat
    - Negative
      - High suspicion for occult fracture?
        - Yes - MRI or bone scan - urgent
        - No - Crutches, walker or cane for symptomatic relief and observation
      - No - go to routine evaluation for patient without sudden trauma
- Routine evaluation for patient without sudden trauma
  - Symptoms suggesting hip problem (groin, anterior thigh pain, difficulty with shoes and socks, in and out of car, etc.) and hip exam normal with loss of motion, pain with motion, limp or weight-bearing pain
    - Yes
      - Plain x-ray first study
        - Positive - treat per findings
        - Normal
          - Observe
          - Further study based on degree of suspicion would be
            - Bone scan
            - MRI
    - No - the symptoms are not classic hip joint symptoms and the exam of the hip is normal



- Consider the back as the source
  - Symptoms, history and exam suggest possible back problem
    - Observe / conservative care
      - Plain lumbar films including AP pelvis if no better
  - If symptoms suggest tumor - push the work up with plain films and consider early MRI or bone scan.

#### References

This section provides links to additional reference material you may find useful.

#### National Guideline Clearinghouse

- [Guidelines for the initial evaluation of the adult patient with acute musculoskeletal symptoms.](#)  
[Release date: October 1995]

**Clinical Interactions • Physician • Naxos Orthopedic Center**Logoff | *Patient* | Roster | Message Center**Physician:****Euripides****Patient****Search****Chief Complaint****Chart Note****Problem List****MD Education****Patient Education****Help****Patient • MD Education**

The purpose of the MD Education page is to contain links to physician-oriented, peer-reviewed educational material specific to the needs of the current patient.

**Patient****Name:** Stuart, Mary**Date:** January 7, 2000**Problem:** Osteoarthritis of the Hip**Information:** Osteoarthritis of the Hip - Late Middle Age Adult**Questions For The Physician**

These questions have been given to the patient before the visit in an effort to focus the visit.

1. Do I have osteoarthritis of the hip as I have been told?

This question allows you to confirm or question the diagnosis with which the patient comes to your office.

2. Is my weight a problem?

Obese or overweight patients do put a higher strain on the hip and probably worsen the arthritis. Weight control can help the pain significantly and also improves long-term outcomes if the patient requires surgery.

3. Are there exercises I should do that will help?

Yes. In mild to moderate OA of the hip exercises are of benefit. Both exercises for the hip itself and low-impact aerobic exercises are of benefit. Hip exercises include flexibility and abductor strengthening - both of which you can demonstrate. Alternatively, you can have the patient get 1-2 visits with physical therapy for instructions in a home-exercise program. Low-impact aerobics such as swimming, water exercises and biking are well tolerated by the hip with mild to moderate OA.

4. What activity should I avoid?

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aerobic classes should probably be avoided. Long-distance fitness walking is also likely to be a problem. A walking stick or cane for hikes is also very helpful.

5. Do I need a total hip replacement?

Total hip replacement can give dramatic relief to people with advanced arthritis of the hip. Most patients with OA of the hip will not need a hip replacement. Patients should be quite painful and limited in their activities in order to qualify for a hip replacement.

### Treatment Considerations

1. Most patients can be managed non-operatively - the components of general management are as follows:
  - a. Pain control
    - i. Tylenol / acetaminophen is first-line care because of good pain relief and low side effects.
    - ii. Anti-inflammatory agents are second line - can be effective but with higher side effects ratios than acetaminophen.
    - iii. Other pain relievers such as codeine, propoxyphene. Have limited use for short periods of time because of possible side effects and habituation.
  - b. Weight control
    - i. Overweight patients put added stress on the hip in activities of daily living and in attempts at some forms of aerobic conditioning.
  - c. Cane (usually in opposite hand)
    - i. Effectively relieves a surprising amount of weight from the hip but is difficult to talk patients into.
  - d. Exercises for the hip - can be taught in 1-2 physical therapy visits or by the physician
    - i. Flexibility
    - ii. Abductor strengthening
  - e. Aerobic exercise which needs to be low impact
    - i. Swimming
    - ii. Water exercise
    - iii. Bike
    - iv. Low-impact aerobics
  - f. Avoidance of
    - i. High-impact activities such as running

2. Although most patients will not need an operation for osteoarthritis of the hip, if the pain is significant after appropriate conservative care, an operation may be helpful for the patient. Orthopedic referral is appropriate for consideration of:
  - a. Total hip replacement
  - b. Osteotomy in selected cases

### References

This section provides links to additional reference material you may find useful.

#### National Library of Medicine

- Effectiveness of exercise therapy in patients with osteoarthritis of the hip or knee: a systematic review of randomized clinical trials.  
van Baar ME, Assendelft WJ, Dekker J, Oostendorp RA, Bijlsma JW
- Surgical management of osteoarthritis.  
Di Cesare PE

#### National Guideline Clearinghouse

- Guidelines for the medical management of osteoarthritis. Part I. Osteoarthritis of the hip  
[Release date: July 1995]
- Total hip replacement.  
[Release date: September 1995, reviewed 1998]

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Fig. 19A

Clinical Interactions • Physician • Naxos Orthopedic Center

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Physician:

Euripides

Patient

Search

Chief Complaint

Chart Note

Problem List

MD Education

Patient Education

Help

Patient • Chart Note - Knee Pain

Patient

Name: Stuart, James

Date: January 7, 2000

Problem: Right Knee Pain

History

75 year old	Pain with walking	No warmth
Male	Pain with getting up	No arthritis
1 year duration	Swelling	No gout
Right knee pain	Loss of motion	No trauma
Medial	Previous menisectomy	
Dictation _____		

Past Medical History

<b>Allergies</b>	Penicillin	
<b>Medications</b>	Digoxin 25mg daily Coumadin 5mg daily Tenormin _____	
<b>Medical Illnesses</b>	Atrial fibrillation Hypertension	
<b>Previous Surgery</b>	Tonsillectomy - age 10 Meniscus removal - age 30	
<b>Family History</b>	Positive: Hypertension Nocturia	Negative: Show
<b>Social History</b>	Marital history: Married Smoking: None Alcohol: None	
<b>Review of Systems</b>	Positive: Headache Nocturia	Negative: Show

Height: 5'10 Weight: 220

SF12

Vital Signs

Show

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BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_  
Temp \_\_\_\_\_

**Physical Exam**

Dictation \_\_\_\_\_

**Assessment**

Dictation \_\_\_\_\_

**Plan**

Dictation \_\_\_\_\_

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**Clinical Interactions • Physician • Naxos Orthopedic Center**

**Logoff | Patient | Roster | Message Center**

**Physician:**  
**Euripides**

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**MD Education**  
**Patient Education**  
**Help**

## Patient • Patient Education

The purpose of the Patient Education page is to allow you to choose suitable educational material for the patient given his or her current condition.

## Patient

**Name:** Stuart, Mary  
**Date:** April 23, 2000

### Problem: Hip Pain

## Introduction

You can choose one of the following introductions for the patient.

Dear Mary Stuart. Here is some more information that I felt you would like to review on your problem of osteoarthritis of the hip. The web links shown are peer-reviewed and credentialed, so the information you receive is most likely legitimate, I suggest you look at several of the osteoarthritis articles.

Dear Mary Stuart. We are not certain of the reason for your hip pain but a very likely cause is osteoarthritis of the hip. Here is some information that I feel will be helpful to you regarding osteoarthritis of the hip. The web links shown are peer-reviewed and credentialed, so the information you receive is most likely legitimate, I suggest you look at several of the [osteoarthritis](#) articles.

## Post-Visit Summary

You can choose to send the following post-visit summary to the patient

☒ Send summary

Degenerative arthritis of the hip, also known as osteoarthritis, is the most common cause of arthritic hip pain. The result is a progressive wearing of the joint surface cartilage in the hip ball and socket joint. This process occurs to some degree in everyone throughout life. Most patients do not become significantly symptomatic until later in life, while some experience initial symptoms in middle age.

Currently, there are no known methods to reverse the process of degenerative arthritis. Fortunately, there are many ways to help slow the progression and markedly reduce the pain. Your doctor will suggest

methods of treatment that are suitable to your specific situation and lifestyle. Treatment recommendations will depend on the degree of arthritis determined by symptoms, physical examination, and x-rays of the hips.

Excess weight can increase your risk of degenerative arthritis. Being overweight places more stress across the hip joint and increases wear and tear. Watching your diet and participating in some form of regular exercise should help to optimize your weight and reduce hip pain. For some patients, weight loss will eliminate the pain completely.

We know that regular exercise is good for the heart, mind, and body. Exercise is also beneficial for your joints. High impact loading, such as with running, can actually increase the progression of ankle, hip, and knee arthritis. Bicycling, stationary cycling, and swimming are good examples of aerobic exercises that do not place excessive load on the hips. Walking for exercise is fine but does place a bit more strain on the hip joints when compared to cycling or swimming. The goal is to increase leg strength and mobility while minimizing the forces absorbed by the hip joints.

Your doctor may recommend medication for hip arthritis. Tylenol is often quite effective in the treatment of hip pain. Another common treatment is anti-inflammatory medication. An example is Advil. The anti-inflammatory class of medication acts in two ways:

1. To minimize the joint inflammation
2. To decrease the pain

Some of these new medications are available "over the counter", while others require prescription.

The anti-inflammatory medicine can occasionally cause unwanted side effects such as stomach pain or intestinal bleeding. You should discontinue the medication and notify your doctor if you experience stomach pain or black bowel movements.

In more severe cases of hip arthritis you may wish to consider the use of a cane to reduce the load on the hip. The cane is held on the side **opposite** of the painful hip. Most patients with hip arthritis will **never** need a hip replacement operation. Some patients will eventually develop complete wearing down of the hip joint and decide to replace the hip. If your hip arthritis is severe, your doctor will discuss whether a hip replacement is a reasonable option. He will discuss the results of the procedure, the recovery time, the limitations, and the risks of the procedure. Patient satisfaction with hip replacement is generally excellent.

### Educational Material

National Library of Medicine

☒ Osteoarthritis

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**Clinical Interactions • Physician • Naxos Orthopedic Center**Logoff | *Patient* | Roster | Message Center

**Patient:**  
**Mary Stuart**  
**Next Visit**  
**Hip Pain**  
**Summary**  
**Education**  
**Help**

**My Condition • Education**

The information below provides a detailed description of the condition you have been diagnosed with. The description includes the likely causes, indications, potential treatments and the outcomes for your condition.

**Introduction**

Dear Mary Stuart. Here is some more information that I felt you would like to review on your problem of osteoarthritis of the hip. The web links shown are peer-reviewed and credentialed, so the information you receive is most likely legitimate, I suggest you look at several of the [osteoarthritis](#) articles.

**Degenerative Arthritis Of The Hip**

Degenerative arthritis of the hip, also known as osteoarthritis, is the most common cause of arthritic hip pain. The result is a progressive wearing of the joint surface cartilage in the hip ball and socket joint. This process occurs to some degree in everyone throughout life. Most patients do not become significantly symptomatic until later in life, while some experience initial symptoms in middle age.

Currently, there are no known methods to reverse the process of degenerative arthritis. Fortunately, there are many ways to help slow the progression and markedly reduce the pain. Your doctor will suggest methods of treatment that are suitable to your specific situation and lifestyle. Treatment recommendations will depend on the degree of arthritis determined by symptoms, physical examination, and x-rays of the hips.

Excess weight can increase your risk of degenerative arthritis. Being overweight places more stress across the hip joint and increases wear and tear. Watching your diet and participating in some form of regular exercise should help to optimize your weight and reduce hip pain. For some patients, weight loss will eliminate the pain completely.

We know that regular exercise is good for the heart, mind, and body. Exercise is also beneficial for your joints. High impact loading, such as with running, can actually increase the progression of ankle, hip, and knee arthritis. Bicycling, stationary cycling, and swimming are good examples of aerobic exercises that do not place excessive load on the hips. Walking for exercise is fine but does place a bit more strain on the hip joints when compared to cycling or swimming. The goal is to increase leg strength and mobility while minimizing the forces absorbed by the hip joints.

Your doctor may recommend medication for hip arthritis. Tylenol is often quite effective in the treatment of hip pain. Another common treatment is anti-inflammatory medication. An example is Advil. The anti-inflammatory class of medication acts in two ways:

1. To minimize the joint inflammation

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2. To decrease the pain

Some of these new medications are available "over the counter", while others require prescription.

The anti-inflammatory medicine can occasionally cause unwanted side effects such as stomach pain or intestinal bleeding. You should discontinue the medication and notify your doctor if you experience stomach pain or black bowel movements.

In more severe cases of hip arthritis you may wish to consider the use of a cane to reduce the load on the hip. The cane is held on the side **opposite** of the painful hip. Most patients with hip arthritis will **never** need a hip replacement operation. Some patients will eventually develop complete wearing down of the hip joint and decide to replace the hip. If your hip arthritis is severe, your doctor will discuss whether a hip replacement is a reasonable option. He will discuss the results of the procedure, the recovery time, the limitations, and the risks of the procedure. Patient satisfaction with hip replacement is generally excellent.

#### Educational Material

The following are links to relevant peer-reviewed material on the web.

[National Library of Medicine](#)

[Osteoarthritis](#)

**Clinical Interactions • Physician • Naxos Orthopedic Center**

Logoff | Patient | Roster | Message Center

**Physician:**  
**Euripides****Patient • Chart Note - Hip Pain****Patient**  
**Search**  
**Chief Complaint**  
**Chart Note**  
**Problem List**

The purpose of the Chart Note page is to provide a chart note that can be printed and entered directly into the patient's chart.

**MD Education**  
**Patient Education**  
**Printable**  
**Help****Patient****Name:** Stuart, Mary  
**Visit Date:** April 23, 2000**Problem:** Hip Pain**History Of Present Illness**

60 year old - woman - 4 month history - left hip pain - no injury - onset over 2-3 weeks - pain present most of the time - not work related

**Symptoms**

Patient has: Anterior hip and groin pain - buckling, instability feeling, stiffness in hip - limp - night pain  
Difficulty with: up stairs, getting up from chair, getting in and out of car running, putting on socks or shoes, cutting toenails

Denies: Back pain, sacroiliac pain, knee pain, popping or snapping of the hip, catching or locking of the hip, numbness in same leg

**Associated conditions**

Patient has: shoulder problems, wrist / hand problems, history of osteoarthritis

Denies: Spine problems, elbow problems, knee problems, ankle problems, rheumatoid arthritis, post-traumatic arthritis, avascular necrosis, Perthes disease, slipped epiphysis, gout, pseudo-gout, collagen, vascular disease, hip infections, hip dysplasia, traumatic dislocation of hip, hip fracture, pelvic fracture

**Previous diagnostic studies**

None

**Previous non-operative care**

Oral medications

Has not had: Physical therapy, exercise program, chiropractic care, injections, acupuncture

**Previous surgical procedures on hip**

None

**Current treatment**

Tylenol or equivalent, arthritic or anti-inflammatory medications

**Pain scale**

7 of 10

Does not use cane

**Past Medical History**

<b>Allergies</b>	Penicillin Pollen	
<b>Medications</b>	Cardizen SR 120mg per day Motrin 600mg 3 times a day Synthroid 0.15mcg once a day	
<b>Medical Illnesses</b>	Hypertension Arthritis Thyroid disease	
<b>Previous Surgery</b>	Tonsillectomy - age 10 Breast biopsy - age 45	
<b>OB History</b>	Number of Children: 3 C-Section: No	
<b>Family History</b>	Positive: Heart disease Hypertension Cancer	Negative: <a href="#">Show</a>
<b>Social History</b>	Marital history: Married Lives: With family Smoking: None Alcohol: None	
<b>Review of Systems</b>	Positive: Dizziness Difficulty Sleeping Need to urinate more than once at night Indigestion/Heartburn Joint Pain Joint Swelling Bone Pain	Negative: <a href="#">Show</a>

Height: 5'4    Weight: 130

**SF12**[Show](#)**Vital Signs**

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp \_\_\_\_\_

**Physical Exam****General Appearance & Mental Status**

Healthy appearing patient in no acute distress. Mental status appears normal.

Normal Exam - Show

#### **Skin**

Intact, no rash, no lesions

Normal Exam - Show

#### **Head & Neck**

Without obvious trauma, non-tender, no masses, and no bruit.

Normal Exam - Show

#### **Eyes**

1. Pupils are equal, round, and react to light. Sclera and conjunctiva are clear. 2. Optic nerve appears normal, no retinal hemorrhages, no A-V nicking.

Normal Exam - Show

#### **Ears**

Tympanic membrane intact without fluid or hemorrhage. External canal clear.

Normal Exam - Show

#### **Nose**

Clear

Normal Exam - Show

#### **Mouth**

No lesions, no tenderness

Normal Exam - Show

#### **Throat**

Clear, no exudates, no tonsil swelling

Normal Exam - Show

#### **Teeth**

No obvious caries, no loose teeth, no tenderness

Normal Exam - Show

#### **Chest**

Non-tender to palpation, clear to percussion and auscultation without wheezes, rales, or rhonchi.

Normal Exam - Show

#### **Breast**

Non tender, no masses

Normal Exam - Show

#### **Heart**

Regular rhythm, S1 and S2 normal, no murmur, no JVD

Normal Exam - Show

#### **Abdomen**

Soft, non-tender, no masses, no hernias, normal bowel sounds, no bruits

Normal Exam - Show

#### **Pelvic**

Deferred (if a pelvic exam is done it will be described and will be integral to why the patient is there)

Normal Exam - Show

#### **Rectal**

Deferred

Normal Exam - Show

#### **Back & Neck**

Non tender, full range of motion, no deformity, non-tender to palpation

Normal Exam - Show

#### **Neurological**

Gait is normal, balance normal, reflexes symmetric, no clonus, sensation intact, motor strength full, speech intact

Normal Exam - [Show](#)

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**Extremities**

1. Upper extremities without trauma, non-tender, full range of motion of shoulders, elbows, wrists and hands. Pulses full. No masses or lymphadenopathy. 2. Lower extremities and pelvis without trauma, non-tender, full range of motion of hips, knees, ankles, and feet. Pulses full. No masses or lymphadenopathy.

Normal Exam - [Show](#)

**Assessment**

Dictation \_\_\_\_\_

**Plan**

Dictation \_\_\_\_\_

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